9/19/359

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

0630=1278

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
|--|---|---|--|----------------------|-------------------------------------|----------|---|--------------|------------------------|---------|----------------------------|------------------------|--|
| | | | (Column 1) | | (Column 2) | | 1 | | | OR I | | | |
| TOTAL CLAIMS | | | 16 | | | | . | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 16 minus | 1 6 minus 20= | | • | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | | | | X40= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | į | TOTAL | | OR | TOTAL | 710 | |
| 5 | 1 1 | AIMS AS A | NUMBER FILED NUMBER EXTRA ICLAIMS G minus 20= | | | | | | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER | #2001 #270100 #76100 | HIGH NUM PREVI | HEST MBER IOUSLY | | | RATE | TIONAL | | RATE | TIONAL | |
| | Total | D | Minus | .2 | \mathcal{D} | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | | / |) | =/ | | X40= | | OR | X80= | | |
| _ | FIRST PRESE | NTATION OF M | ULTIPLE DEP | ENDEN | IT CLAIM, | | נ | +135= | | OR | +270= | | |
| | | | | | | | | | | OR | | | |
| (O. L (O. L | | | | | | | | | | | | | |
| AMENDMENT B | ्रेश्चित्रकार प्राथमिकाः इतिहासस्य प्राथमिकाः | CLAIMS REMAINING AFTER | | HIC NU PRE\ | SHEST IMBER MOUSLY | PRESENT | | RATE | TIONAL | | RATE | TIONAL | |
| | Total | • | | | <u> </u> | - | | X\$ 9= | | OF | X\$18= | | |
| MEN | Independent | • | | | | <u> </u> | | X40= | | OF | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OF | +270= | | |
| BEST AVAILABLE COPY | | | | | | | | TOTAL | | OF | TOTA | | |
| (Column 3) | | | | | | | | | | | | | |
| O IN | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | . | HI N PRE | GHEST JMBER VIOUSLY ID FOR | PRESENT | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | | Minus | •• | | • | | X\$ 9= | | OF | X\$18= | | |
| | Independent | • | Minus | ••• | |]= | 4 | X40= | | OF | R X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OF | +270= | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | . | 4 | TOTA | r – | |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |